

Arts Access Assistance Program
FY2016 Interim Report
Deadline: Jan. 15, 2016

1. Grant Number: _____ Fiscal Year: **2016**
2. Grantee's Name: _____
3. Mailing Address: _____
4. City: _____ 5. State: **KY** 6. Zip+4: _____
7. County: _____ 8. FEIN #: _____
9. Phone Number: _____ 10. Fax Number: _____
11. Email Address: _____
12. Contact Person for this report: _____
13. Phone Number: _____ 14. Fax Number: _____
15. Email Address: _____

16. Please provide a brief description of your progress toward fulfilling the activities outlined in your grant proposal (planned or completed events, how many people have you already served, etc.).

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature: _____ Date: _____

All signatures must be in **RED ink.**

Type Name: _____ Title: _____